

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	ACCOUNT OF FIDUCIARY <input type="checkbox"/> _____ Annual <input type="checkbox"/> Final <input type="checkbox"/> Interim <small>Number</small>	FILE NO.
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Estate of _____

1. I, _____, am the _____
Name Title
of the estate and submit the following as my account, which covers the period from _____
Date
to _____. This account contains a correct statement of all income and disbursements which
Date
have come to my knowledge.

2. SUMMARY

Balance on hand from last account (or value of inventory if first account)	\$ _____
Add income in this accounting period (total from Schedule A)	\$ _____
Total assets accounted for	\$ _____
Subtract disbursements in this accounting period (total from Schedule B)	\$ _____
Total balance of assets remaining (itemize and describe in Schedule D)	\$ _____

If additional sheets are required for Schedules A or B, place all itemization on those sheets and include only category totals on these schedules.

SCHEDULE A: Income in this accounting period		SCHEDULE B: Expenses and other disbursements, including distributions to devisees and beneficiaries	
Net gain, if any, from Schedule C		Net loss, if any, from Schedule C	
Total Income		Total Expenses and Disbursements	

SEE SECOND PAGE

Do not write below this line - For court use only

SCHEDULE C: Gains and losses on disposition of assets (use only if needed)

DESCRIPTION	DATE ACQUIRED	DATE SOLD	VALUE AT TIME ACQUIRED BY FIDUCIARY	NET SALES PRICE	GAIN (LOSS)
TOTAL GAIN (LOSS)					

If gain, transfer to Schedule A; if loss, transfer to Schedule B.

SCHEDULE D: Itemized assets remaining at end of accounting period

If additional sheets are required, indicate on Schedule "See attached sheets".

BALANCE OF ASSETS REMAINING (show this amount on summary)	

3. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition, except as follows:
4. This account lists all income and other receipts and expenses and other disbursements which have come to my knowledge.
5. ☐ a. No Michigan estate tax or inheritance tax is due.
☐ b. Michigan estate tax or inheritance tax ☐ is due. ☐ has been paid in full. (evidence of full payment from Michigan Department of Treasury is attached)
6. ☐ This account is not being filed with the court.
7. ☐ My fiduciary fees for this accounting period are \$ _____. Attached is a written description of the services performed.
8. ☐ Attorney fees for this accounting period are \$ _____. Attached is a written description of the services performed.

I declare under the penalties of perjury that this account has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date _____

Attorney signature _____

Fiduciary signature _____

Attorney name (type or print) _____

Bar no. _____

Fiduciary name (type or print) _____

Address _____

Address _____

City, state, zip _____

Telephone no. _____

City, state, zip _____

Telephone no. _____

For accounts that must be filed with the court.

NOTICE TO INTERESTED PERSONS

1. You must bring to the court's attention any objection you have to this account. The court will not review the account otherwise.
2. You have the right to review proofs of income and disbursements at a time reasonably convenient to the fiduciary and yourself.
3. You may object to all or part of an accounting by filing a written objection with the court before the court allows the account. You must pay a \$15.00 filing fee to the court when you file the objection.
4. If an objection is filed and is not otherwise resolved, the court will conduct a hearing on the objection.